

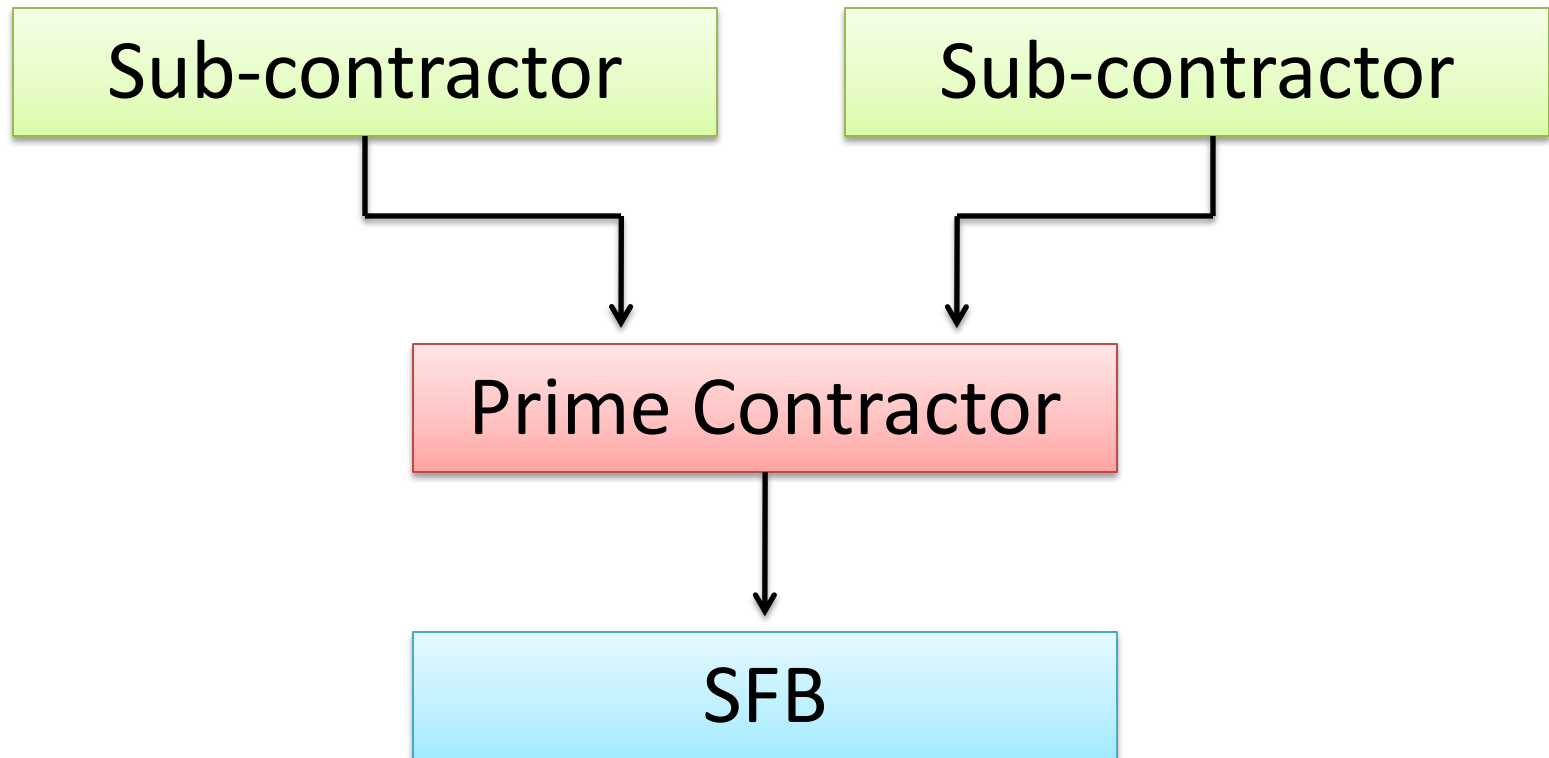
Arizona School Facilities Board

DAVIS – BACON Required Document Submission Overview

February 2011

DOCUMENT FLOW

All documents must be submitted through the Prime Contractor:



INITIAL DOCUMENTS FOR PRIME CONTRACTORS

There is one initial document that **MUST** be submitted for each prime contractor:

Labor Standards &
Certification Form

No payroll submissions can be accepted until this document (completed and accurate) is on file.

INITIAL DOCUMENTS FOR SUBCONTRACTORS

There are two initial documents that **MUST** be submitted for each sub-contractor:

Labor Standards &
Certification Form

Statement &
Acknowledgment
(SF 1413)

No payroll submissions can be accepted until these documents (completed and accurate) are on file.

CERTIFIED PAYROLL

Once the initial document(s) are on file, you may make a certified payroll submission.

Payroll submissions must include the following:

U.S. Dept. of Labor
Payroll Form
(WH-347)

Authorization for
Deduction Forms
(when applicable)

Fringe Benefit
Forms
(when applicable)

**All documents must be originals with wet ink signatures.
Emails and faxes cannot be accepted.**

REQUIRED DOCUMENT:

Labor Standards Certification Form

Page 1

LABOR STANDARDS CERTIFICATION (1 of 2)

Revised 8/10/09

Commerce Contract #: **I057-09**

This certifies that _____
(Company Name)

has been contracted by: _____
(Firm/Agency)

as a (check one) _____ prime contractor _____ sub-contractor
_____ lower-tier contractor _____ other

Sub-Grantee: **School Facilities Board**

Nature of Work: **State Energy Program**

Work is expected to begin on: _____
(Month, Day, Year)

As a legally authorized representative of the company, I certify/ acknowledge that:

1. The Labor Standards Provisions, 29 CFR Part 5, Subpart A, and General Wage Decision have been incorporated into the contract between all parties who participate in the above mentioned project.
2. Neither the above contracted company nor any person or firm who has an interest in the contractor's firm is ineligible to the awarded Government contracts by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
3. No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
4. The penalties for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.
5. The information for the firm contracted is:

Legal Name: _____

Phone Number: _____ Fax Number: _____

Business Address: _____
(Street) (City/State/Zip)

6. Business Federal Tax ID #: _____

7. Contractors License #: _____

Page 1 of 2

Contract # for Energy
Efficiency and Solar Projects

General project information

Contracted firm's information

REQUIRED DOCUMENT:

Page 2

Labor Standards Certification Form

LABOR STANDARDS CERTIFICATION (2 of 2)

8. The contracted firm is a (check one):

_____ Proprietorship _____ Partnership
_____ Division or Subsidiary of: _____
_____ Corporation, incorporated in the state of: _____
_____ Other (please describe): _____

9. The legal names, titles, and addresses of the owner(s), partner(s), or officer(s) of the company are:

10. The designated appointee, _____, whose signature appears below, is appointed to supervise the payment of employees for the company. Beginning on (date) _____. Or, at least, this appointee is in a position to have full knowledge of the facts set forth in the payroll documents, the Statement of Compliance, which the appointee is to execute, and with the Copeland Act.

Notary Public. COMPANY OFFICIAL'S CERTIFICATION

(Signature of Company Official) _____ (Title)

(Printed Name) _____ (Date)

Subscribe and sworn to before me on this date: _____ (Date)

(Signature of Notary Public) _____ (Commission Expiration Date)

Notary Public. APPOINTEE'S CERTIFICATION

This is to certify that I have read and do understand the Labor Standards Provisions and related matters as they apply to the project stated.

(Signature of Appointee) _____ (Title)

(Printed Name) _____ (Date)

Subscribe and sworn to before me on this date: _____ (Date)

(Signature of Notary Public) _____ (Commission Expiration Date)

A company official must designate an “appointee” to supervise the payment of employees and sign payroll submissions.

Appointee's name

SIGNATURE REQUIRED: Company Official*

*Signature must be notarized (signature and stamp)

SIGNATURE REQUIRED: Designated appointee*

*Signature must be notarized (signature and stamp)

REQUIRED DOCUMENT FOR ALL SUBCONTRACTORS:

Statement and Acknowledgment (SF1413)

STATEMENT AND ACKNOWLEDGMENT					OMB No.: 9000-0014 Expires: 5/31/2011	
<small>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat, (VIR), Regulatory and Federal Assistance Division, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0014), Washington, DC 20503.</small>						
PART I - STATEMENT OF PRIME CONTRACTOR						
1. PRIME CONTRACT NO.		2. DATE SUBCONTRACT AWARDED		3. SUBCONTRACT NUMBER		
4. PRIME CONTRACTOR				5. SUBCONTRACTOR		
a. NAME		a. NAME				
b. STREET ADDRESS		b. STREET ADDRESS				
c. CITY		d. STATE	e. ZIP CODE	c. CITY		d. STATE
e. ZIP CODE						
6. The prime contract <input type="checkbox"/> does, <input type="checkbox"/> does not contain the clause entitled "Contract Work Hours and Safety Standards Act -- Overtime Compensation."						
7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in item 5 by the following firm:						
a. NAME OF AWARDOING FIRM						
b. DESCRIPTION OF WORK BY SUBCONTRACTOR						
8. PROJECT						
9. LOCATION						
10a. NAME OF PERSON SIGNING		11. BY (Signature)			12. DATE SIGNED	
10b. TITLE OF PERSON SIGNING						
PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR						
13. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:						
Contract Work Hours and Safety Standards Act - Overtime Compensation - (If included in prime contract see Block 6)			Davis-Bacon Act			
Payrolls and Basic Records			Apprentices and Trainees			
Withholding of Funds			Compliance with Copeland Act Requirements			
Disputes Concerning Labor Standards			Subcontracts (Labor Standards)			
Compliance with Davis-Bacon and Related Act Regulations			Contract Termination - Debarment			
			Certification of Eligibility			
14. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY						
A			C			
B			D			
15a. NAME OF PERSON SIGNING		16. BY (Signature)			17. DATE SIGNED	
15b. TITLE OF PERSON SIGNING						
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE						
STANDARD FORM 1413 (REV. 7/2005) Prescribed by GSA/FAR (48 CFR) 53.222(e)						

Part I: Statement of Prime Contractor
The prime contractor completes this section.

SIGNATURE & DATE REQUIRED

Part II: Acknowledgment of Subcontractor
The sub completes this section.

SIGNATURE & DATE REQUIRED

REQUIRED DOCUMENT:

Fringe Benefits Form

This form must be completed for each fringe benefit received by employees working on the project in order to calculate employee total compensation.

FRINGE BENEFITS

This document must be completed for each fringe benefit plan the employer participates in on behalf of their employees working on the below listed project.

PROJECT NAME: _____ PROJECT # _____

EMPLOYER:
PLAN NAME: _____

TYPE OF PLAN: _____ Plan Account # _____

EFFECTIVE DATE of PLAN:
thru _____

(NAME, ADDRESS & PHONE # OF PLAN ADMINISTRATOR)

(NAME, ADDRESS & PHONE # OF PLAN TRUSTEE/CUSTODIAN)

EMPLOYEE NAME or TRADE CLASSIFICATION	EMPLOYERS CONTRIBUTION	FREQUENCY (HOUR, WEEK, MONTH)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Company Representative _____ Date: _____

Plan information

One plan/fringe benefit per sheet

Employee information

Multiple employees may be listed

SIGNATURE REQUIRED:
Company Representative

REQUIRED DOCUMENT:

Authorization for Deductions

This form must be completed for each employee who has deductions from their paycheck *other than* state and federal taxes. List only one employee per form.

COMPANY LETTERHEAD

AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law.

EMPLOYEES NAME:	DATE/ DURATION:	AMOUNT:	PURPOSE:
_____ (Employees Name)	_____ (Date/ Duration)	_____ (Deduction Amount)	_____ (Purpose)
_____ (Employees Name)	_____ (Date/ Duration)	_____ (Deduction Amount)	_____ (Purpose)
_____ (Employees Name)	_____ (Date/ Duration)	_____ (Deduction Amount)	_____ (Purpose)
_____ (Employees Name)	_____ (Date/ Duration)	_____ (Deduction Amount)	_____ (Purpose)

Signature of Authorized:
Representative of Employer: _____
Print Authorized Representative's Name and Title: _____ Date: _____

Employee's Signature: _____
Print Employee's Name and Title: _____ Date: _____

List each deduction. Include the duration/frequency of the deduction, i.e. hourly, weekly or monthly.

SIGNATURE REQUIRED:
Employee representative

SIGNATURE REQUIRED:
Employee

U.S. Dept. of Labor Payroll Form WH-347

WHD
U.S. Wage and Hour Division
Rev. Dec. 2008

U.S. Department of Labor **Employment Standards Administration** **Wage and Hour Division**

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS	OMB No.: 1215-0146 Expires: 12/31/2011
---------------------------------------------------------------------------------------	--	---------	-------------------------------------------

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHELD EMPLOYERS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAIVED PAID FOR WEEK
			S	D	M	T	F	S	S				FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
			HOURS WORKED EACH DAY															
		O										/						
		S										/						
		O										/						
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.6(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, EOA, U.S. Department of Labor, Room 03602, 200 Constitution Avenue, N.W.
Washington, D.C. 20210

(over)

Ensure that all contractor, employee, wage and deduction information is included and accurate. Incomplete and/or inaccurate information will require a re-submission.

REQUIRED DOCUMENT:

U.S. Dept. of Labor Payroll Form WH-347

- Back -

Date _____

I, _____ (Name of Signatory Party) _____ (Title)
do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ on the _____; that during the payroll period commencing on the _____ day of _____, and ending the _____ day of _____, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____ from the full _____ (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

The signatory party is the “designated appointee” identified on the Labor Standards & Certification

The signer must be the “designated appointee” on the Labor Standards & Certification Form.

SIGNATURE REQUIRED

IMPORTANT

General things to remember

- ✓ All documents must be submitted through the Prime Contractor. Subs should not submit to the SFB directly. Prime Contractors are responsible for reviewing the documentation for completeness and accuracy before forwarding to the SFB.
- ✓ All documents must be originals with wet-ink signatures. Faxes and emails cannot be accepted.
- ✓ Complete and accurate “Initial” document(s) must be on file before certified payrolls can be accepted.
- ✓ Do not submit documentation that is incomplete. If a signature or other vital information is missing, it is considered invalid and you will have to resubmit.
- ✓ Submit in a timely manner to avoid delays.

For Prime Contractors

To maximize Davis-Bacon certified payroll submission efficiency,
please do the following:

- Submit a job schedule and subcontractor list as soon as they are available.
- Identify a Davis-Bacon contact person for the project. Provide this information to the SFB.
- Complete the “Initial” form (Labor Standards Certification) immediately. This will clear the way for the submission of certified payrolls.
- Communicate with your subs. Identify the individual(s) responsible for completing Davis-Bacon paperwork for each subcontractor. Create a process for the flow of documents from the subs to you, and from you to the SFB. Share this process with the subs and be clear about expectations for follow-through.

Following the above guidelines will help avoid unnecessary delays and limit repetition of work for all involved.

Mail Davis-Bacon documents and payroll
submissions to:

Arizona School Facilities Board

ATTN: _____

1700 W. Washington, Suite 230

Phoenix, AZ 85007

Contact Heather Gamby with
Davis-Bacon questions or concerns:

Office: (602)364-4977

Email: hgamby@azsfb.gov